

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Date Stamp **FILED** CALIFORNIA FORM 460

COVER PAGE

Type or print in ink.

Statement covers period from <u>07/01/2010</u>	Statement covers period through <u>12/31/2010</u>
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Date of election if applicable:
(Month, Day, Year)

JAN 27 2011	Page 1 of 5 For Official Use Only
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*CITY OF SANTA MARIA
BY: CITY CLERK*

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- Primary Formed Ballot Measure Committee
- State Candidate Election Committee
- Recall
- Sponsored
- Controlled
- General Purpose Committee
- Small Contributor Committee
- Political Party/Central Committee
- Also Complete Part 6
- Also Complete Part 7

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental/Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends Of Mike Cordero

STREET ADDRESS (NO P.O. BOX)

1212 S Victory Blvd
Burbank
CA 91502

STATE ZIP CODE AREA CODE/PHONE

(818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF TREASURER
Kinde Durkee

MAILING ADDRESS
1212 S Victory Blvd
Burbank
CA 91502

STATE ZIP CODE AREA CODE/PHONE
(818) 260-0669

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

- | | | | |
|--|--|--|--|
| Executed on <u>01/17/2010</u>
By <u>Kinde Durkee</u>
Signature of Treasurer or Assistant Treasurer | Executed on <u>01/17/2010</u>
By <u>Mike Cordero</u>
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor | Executed on _____
By _____
Signature of Controlling Officer/Candidate, State Measure Proponent | Executed on _____
By _____
Signature of Controlling Officer/Candidate, State Measure Proponent |
|--|--|--|--|

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	CITY Of Santa Maria		
City Council	District: n/a	STATE	ZIP
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY		
Member	Burbank	CA	91502
1212 S Victory Blvd			

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		

CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		

CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION

SUPPORT	OPPOSE
<input type="checkbox"/>	<input type="checkbox"/>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD

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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460	
Statement covers period from <u>07/01/2010</u>	through <u>12/31/2010</u>
Page <u>3</u> of <u>5</u>	
I.D. NUMBER 1307852	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>26700.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>0.00</u>	\$ <u>26700.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>0.00</u>	\$ <u>26700.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>0.00</u>	\$ <u>216.50</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>0.00</u>	\$ <u>216.50</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>0.00</u>	\$ <u>216.50</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>391.41</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>0.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>0.00</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>391.41</u>	

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	Schedule B, Part 2 \$ <u>0.00</u>
19. Outstanding Debts	See instructions on reverse \$ <u>26700.00</u>
	Add Line 2 + Line 9 in Column B above

**Schedule B – Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

**CALIFORNIA
FORM
460**

Statement covers period
from 07/01/2010

through 12/31/2010

I.D. NUMBER
1307852

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

FULL NAME, STREET ADDRESS AND ZIP CODE (IF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN * THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department <u>\$ 21171.18</u>			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	<u>\$ 21171.18</u>	<u>0.00%</u> RATE	<u>\$ 3128.89</u>	<u>\$ 0.00</u> CALENDAR YEAR PER ELECTION ** G2008 \$ <u>\$26200.00</u>
Linda Cordero 1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Music Teacher Catherine Kolnaski Magnet <u>\$ 500.00</u>			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>		<u>0.00%</u> RATE	<u>\$ 500.00</u>	<u>\$ 500.00</u> CALENDAR YEAR PER ELECTION ** G2008 \$ <u>\$500.00</u>
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department <u>\$ 1200.00</u>			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	<u>\$ 1200.00</u>	<u>0.00%</u> RATE	<u>\$ 1200.00</u>	<u>\$ 0.00</u> CALENDAR YEAR PER ELECTION ** G2008 \$ <u>\$26200.00</u>
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 22,871.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract Line 2 from Line 1**)
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

